

17-4 H900 1.00

Work Order ID 103531

103531

Page 1

June-24-13 1:57:43 PM

Item ID: D3688-7

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: STUD

Start Date: 6/24/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 4.00

4

Customer:

Reference:

Run Start *NR1*

Approvals:

Process Plan: MLSDate: 13-06-26

Tooling:

Date:

Stop *NR2*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3688

Rev D

100

0.00

100

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

DO NOT USE CHOP SAW*

Cut blank 9.724" long

DAS
40
9-89

13/10/25

5

0

110

0.00

110

DOOSAN LATHE

Doosan

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA729 Rev: _____ & Dwg D3688 Rev: _____ 2-Debur
per dwg D3688
3-Check .625" bore with DT9530 GO/NO GO Gauge

13-10-30

5

0

160

0.00

160

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

13-10-30

5

0

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td style="width: 33%;"> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </td> <td style="width: 33%;"> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </td> <td style="width: 33%;"> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </td> <td style="width: 33%;"> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 103531

103531

Page 2

June-24-13 1:57:43 PM

Item ID: D3688-7

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: STUD

Start Date: 6/24/13

Start Qty: 4.00

4

Cust Item ID:

Required Date: 7/05/13

Req'd Qty: 4.00

4

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Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC8- Inspect parts - second check

0.00

OK 13/10/01

170

QC

Memo

0.00

5

Quality Control

100% CHECK,CHECK ALL DIMENSIONS AND THREAD FIT

180

PURCHASING

0.00

180

Purchasing

Memo

0.00

OK 13/11/08 (5)

Purchasing

Issue P/O:

21994

LPI Per ASTM 1417 LEVEL

2Certificate of conformaty is required

190

Receive & Inspect for Damage & Mat'l Certs

0.00

190

Packaging

Memo

0.00

13/11/08 (5)

Packaging

Ensure certificate of conformity is attached

DQA: _____ Date: _____



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Work Order update only ☐

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FAULT CATEGORY

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103531

June-24-13 1:57:43 PM

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 6/24/13 **Start Qty:** 4.00

4

Cust Item ID:

Required Date: 7/05/13 **Req'd Qty:** 4.00

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Reference:

Run Start *NR1*

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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200

QC5- Inspect part completeness to step on W/O

0.00

200

QC

Memo

0.00

Quality Control

210

Identify as per dwg & Stock Location: 3I25 0.00

0.00

210

Packaging

Memo

0.00

Packaging

ATTN:

HAVE ALL DEVIATIONS

(W/O CHANGE/NCR) SIGNED OFF PRIOR TO STOCKING

220

QC21- Final Inspection - Work Order Release	0.00
---	------

0.00

220

QC

Memo

0.00

Quality Control

5 m/m 13-11-08

5x ^{DAS} 28 13-11-12
9-89

MLJ 13-11-13

mw 1311-13

DQA: _____ Date: _____



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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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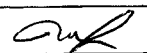
FAULT CATEGORY

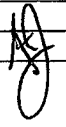

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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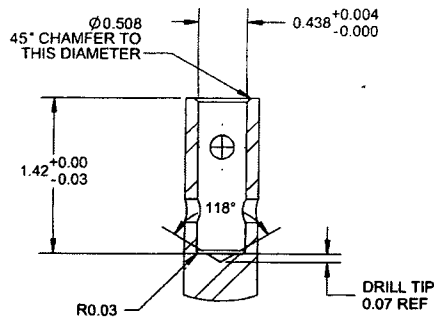
DART AEROSPACE LTD		Work Order: 103531
Description: Stud		Part Number: D3688-7
Inspection Dwg: D3688	Rev: D	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

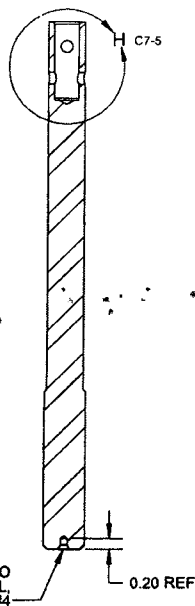
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.508	+/-0.010	.520	/			
0.438	+0.004/-0.000	.439	/			
1.42	+0.000/-0.03	1.410	/			
1.8°	0.5°					
R0.03	+/-0.030	R0.3	/			
0.07 Ref	+/-0.030					
90°	0.5°	90°	/			
Ø0.189	+0.005/-0.001	.216	/			
1.025	+0.000/-0.010	1.019	/			
Ø0.659	+0.000/-0.015	Ø.658	/			
9.624	+/-0.015	9.627	/			
2.90	+/-0.030	2.930	/			
3/4-16UNF-2A	N/A		/			
0.075 x 45°	+/-0.010 x 0.5°	0.75 x 45°	/			
0.445	+0.000/-0.010	.438	/			
Ø0.216	+0.005/-0.001	.216	/			

Measured by: 	Audited by: 	Preliminary Approval:
Date: 15-0-28	Date: 13/11/01	Date:

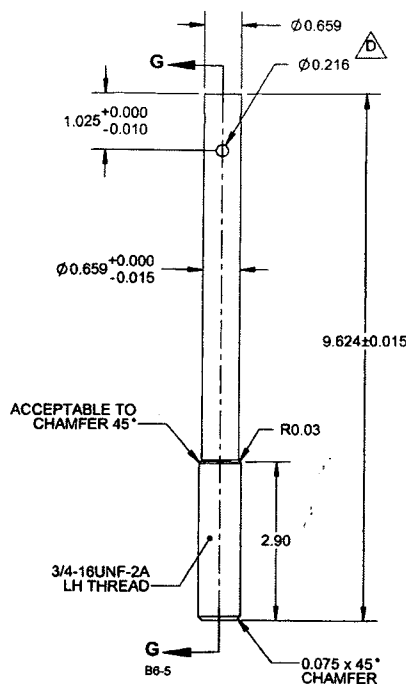
Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	
B	09.11.04	Dwg Rev updated	KJ	
C	13.02.27	Ø0.216 was Ø0.189	KJ 	



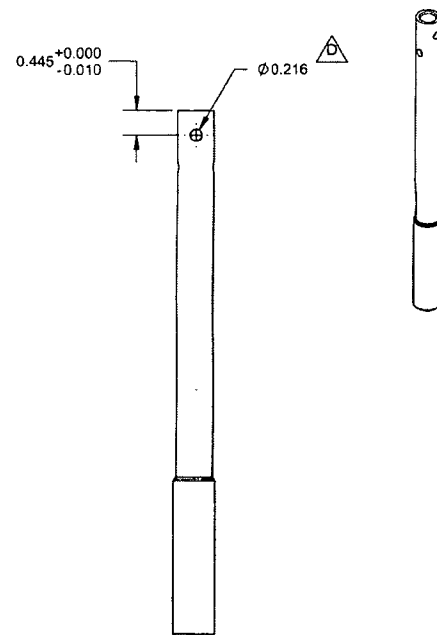
DETAIL H D6-5
SCALE 2X



SECTION G-G B4-5



D3688-7 STUD



SHAW-WALKER
RESEARCH
ENGINEERING
UNCONTROLLED COPY
SUBJECT: DART QSI 018
WILLIAM J. WOOD
NO. 103 S31 MLS
1306-26

- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 0.96 lb
 - 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

RELEASED
2013-01-22

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3688	SHEET 5 OF 5
APPROVED	ANY	TITLE	SCALE
DE APPR.	ANY	STUD	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



LIQUID PENETRANT TEST REPORT

P- 12255

CLIENT Dart Aerospace DATE Nov 7 2013 PAGE 1 OF 1
ATTENTION Cittentale, Linda, Andy ACUREN JOB NO. 188-B-10893 TIME AM ☐ PM ☒
ADDRESS 1270 Aberdeen POWO No. 21994
Hewkasbury, on WORK LOCATION As Address
PROJECT Pt-wet Fluorescent Liquid penetrant Inspection ACCEPTANCE STD. ASTM 1417/1418 REV./DATE 2005
ITEM(S) EXAMINED - see below

JOB DESCRIPTION PROCEDURE No. LT-002 REV./DATE 2009 TECHNIQUE No. LT-002 REV./DATE 2009
PART No. MATERIAL Aluminum THICKNESS
SCOPE Performed a wet Flu L.P.I on 100% of the external surface only on item mentioned below

TEST DETAILS

METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND Magnaflux BLACK LIGHT S/N 3790 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT 2E-67 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME > 10 MIN. OTHER
DEVELOPER SKD 52 MINIMUM DWELL TIME 30 MIN. LIGHT METER S/N 1098866 CAL DUE DATE 11/2009
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE

SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☐ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < - 4°C/ 20°F ☐ - 4°C/ 20°F TO 10°C/50°F ☒ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F
RESULTS- ☐ METRIC ☐ IMPERIAL

COMMENTS	ACCEPT	REJECT
1 <u>5x Stud W.O ID 103531</u>	<input checked="" type="checkbox"/>	
2 <u>12x Stud W.O ID 103882</u>	<input checked="" type="checkbox"/>	
3 <u>10x Stud W.O ID 105447</u>	<input checked="" type="checkbox"/>	
4 <u>11x Stud W.O ID 105606</u>	<input checked="" type="checkbox"/>	
5 <u>13x Stud W.O ID 105607</u>	<input checked="" type="checkbox"/>	
6 <u>12x Stud W.O ID 105609</u>	<input checked="" type="checkbox"/>	
7 <u>AFT cross tube W.O ID 108703</u>	<input checked="" type="checkbox"/>	
8 <u>AFT cross tube W.O ID 108704</u>	<input checked="" type="checkbox"/>	
Item ID 03688-7		
Item ID 03691-1		
Item ID 03688-7		
Item ID 03688-5		
Item ID 03688-3		
Item ID 03691-1		
Item ID 0407-667-205		
Item ID 0407-667-205		

No Relevant Indication was detected as per applicable standard at the time of inspection.

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE Andy Sheldon PRINT ASheldon SIGNATURE
TECHNICIAN (SIGNATURE): Alexandre Michel SIGNATURE
NAME (PRINT): Alexandre Michel 1st TECHNICIAN
CGSB LEVEL 2 SNT LEVEL 2 CGSB LEVEL 2 SNT LEVEL 2
CGSB REG. No. 10148 CGSB REG. No. 10148
DTR # E-07784
REPORT REVIEWED BY: NAME INITIALS

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY